



Rochester City School District

PHOTO RELEASE FORM

Please complete and send a copy to the Department of Communications,
Rochester City School District, 131 West Broad Street, Rochester, NY 14614. (Fax: 585-262-8318)

Please check one:

- ☐ **YES,** I consent to the use of my child's name, photo, and/or video image for publicity purposes by the Rochester City School District or other organization as designated by the District.
- ☐ **NO,** I do not want the use of my child's name, photo, and/or video image for publicity purposes by the Rochester City School District or other organization as designated by the District.

PLEASE PRINT

Date _____

Student Name _____

School _____

Age _____ Grade _____ Teacher _____

Name of Parent/Guardian _____

Address _____

Phone Number _____

In case of emergency, please notify:

Name _____

Phone Number _____

Parent/Guardian Signature